	B C D	E	F	G	Н	J	K	L	M	N O	Р	Q	R	S	Τ I	J V	Х	
U	nified Rate Review v3.3																	
c	ompany Legal Name:	UnitedHealth	are Insurance C	State:	KY													
	. 1. 7 -0	28773			Small Group													
	ffective Date of Rate Change(s):			Widiket.	Siliali Group													
_	rective Date of Nate Change(s).	1/1/201/																
N	larket Level Calculations (Same for all Pl	ans)																
S	ection I: Experience period data																	
E	perience Period:	1/1/2015	to	12/31/2015														
			Experience Period															
		Budad	Aggregate Amount	PMPM 6225 02	% of Prem													
	remiums (net of MLR Rebate) in Experier curred Claims in Experience Period	nce Period:	\$870,448 \$528,757	\$335.82 204.00	100.00% 60.75%													
	llowed Claims in Experience Period		\$682,279	263.23	78.38%													
	dex Rate of Experience Period		\$602j273	\$261.00	70.5070													
E	sperience Period Member Months		2,592															
<u>S</u> (ection II: Allowed Claims, PMPM basis		5	Desired.		B	ata a Baata da	4 /4 /2047		42/24/2047		d	and the firm and an	to Book office	24			
			Experience	Period		Adj't. from	tion Period: Experience	Annualiz	to ed Trend	12/31/2017	IVIII	u-point to iviiu	-point, experier	ce to Projection:	24 1	nonths	-	
			on Actual Experi	ence Allowed		to Projecti	on Period	Fact	tors	Projections, b	efore credibility A	Adjustment	(redibility Manual				
	Benefit Category	Utilization Description	Utilization per 1,000	Average Cost/Service	PMPM	Pop'l risk Morbidity	Other	Cost	Util	Utilization per 1,000	Average Cost/Service	PMPM	Utilization per 1,000	Average Cost/Service	PMPM			
	Inpatient Hospital	Days	129.63	\$5,050.73	\$54.56	1.000	1.025	1.040	1.026	136.46	\$5,599.44	\$63.67	186.53	\$6,728.50	\$104.59			
	Outpatient Hospital	Services	3,712.96	295.37	91.39	1.000	1.025	1.040	1.026	3,908.55	327.46	106.66	4861.29	457.04	185.15			
	Professional	Services	4,430.56	195.10	72.03	1.000	1.025	1.040	1.026	4,663.94	216.30	84.07	6093.67	200.76	101.95			
	Other Medical	Services	50.00	63.22	0.26	1.000	1.025	1.040	1.026	52.63	70.08	0.31	52.63	115.98	0.51			
	Capitation Prescription Drug	Benefit Period Prescriptions	12,000.00 7,106.48	13.43	13.43 31.55	1.000 1.000	1.025 1.025	1.040 1.040	1.000 1.026	12,000.00 7,480.82	14.89 59.06	14.89 36.82	12000.00 9957.53	12.59 86.74	12.59 71.97			
	Total	Prescriptions	7,100.48	53.27	\$263.23	1.000	1.025	1.040	1.026	7,480.82	59.06	\$306.41	9957.53	80.74	\$476.76			
	Total				\$203.23							\$300.41			\$476.76	After Credibility	Projected Period	Totals
S	ection III: Projected Experience:				Projected Allowed	Experience Clair	ms PMPM (w	/applied cre	dibility if app	licable)		0.00%			100.00%	\$476.76		35,763
_					,	Paid to Allow										0.835		
						Projected Inc	urred Claims	, before ACA	rein & Risk A	Adj't, PMPM						\$398.10	\$1,03	31,863
						Projected Ris										<u>-0.15</u>		(<u>389</u>)
						-				coveries, net of rein	prem, PMPM					\$398.25		32,251
					Section 1	Projected AC	A reinsurance	e recoveríes,	net of rein p	rem, PMPM						0.00		<u>0</u>
					Projected Incurred									_	_	\$398.25		32,251
					Administrative Exp	ense Load									11.50%	61.19		58,617
					Profit & Risk Load Faxes & Fees										3.81% 9.85%	20.27 52.41		52,550 35,859
					i axes & rees Single Risk Pool Gro	sec Dramium Av	a Rate DMAD	М							3.03%	\$532.13	_	79,278
					ndex Rate for Proje		5. Nate, FIVIP									\$498.75	\$1,57	, ,,,,,,,,
				•		% increase ov	er Experienc	e Period								58.46%		
						% Increase, a	nnualized:									25.88%		
					Projected Member	Months												2,592
					,													

Product-Plan Data Collection

Company Legal Name: UnitedHealthcare Insurance Company HIOS Issuer ID: 28773

Effective Date of Rate Change(s): 1/1/2017

State: Market: KY Small Group

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product			KY001 Plans		KY005 Plans		
Product ID:	ID:		28773KY001				
Metal:		Not Applicable	Gold	Gold	Gold		
AV Metal Value		0.000	0.806	0.783	0.786		
AV Pricing Value		0.000	1.055	0.010	2.106		
Plan Category		Terminated	Renewing	Terminated	Renewing		
Plan Type:		POS	POS	PPO	Indemnity		
Plan Name		Terminated Products	6L-9	GM-M	AC-TH		
Plan ID (Standard Component ID):		28773KY0010000	28773KY0010002	28773KY0010001	28773KY0050001		
Exchange Plan?		No	No	No	No		
Historical Rate Increase - Calendar Year - 2			0.00%				
Historical Rate Increase - Calendar Year - 1			0.00%				
Historical Rate Increase - Calendar Year 0			0.00%				
Effective Date of Proposed Rates		1/1/2017	1/1/2017	1/1/2017	1/1/2017		
Rate Change % (over prior filing)		0.00%	2.90%	0.00%	-1.40%		
Cum'tive Rate Change % (over 12 mos prior)		0.00%	7.50%	0.00%	3.00%		
Proj'd Per Rate Change % (over Exper. Period)		-100.00%	8.96%	-100.00%	0.00%		
Product Rate Increase %			7.50%		3.00%		

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	28773KY0010000	28773KY0010002	28773KY0010001	28773KY0050001
Inpatient	\$0.42	\$0.00	\$2.38	\$0.00	-\$2.39
Outpatient	\$0.75	\$0.00	\$4.21	\$0.00	-\$4.24
Professional	\$0.41	\$0.00	\$2.32	\$0.00	-\$2.33
Prescription Drug	\$0.29	\$0.00	\$1.64	\$0.00	-\$1.65
Other	\$0.00	\$0.00	\$0.01	\$0.00	-\$0.01
Capitation	\$0.05	\$0.00	\$0.29	\$0.00	-\$0.29
Administration	\$0.30	\$0.00	\$1.67	\$0.00	-\$1.68
Taxes & Fees	\$0.25	\$0.00	\$1.43	\$0.00	-\$1.44
Risk & Profit Charge	\$0.10	\$0.00	\$0.55	\$0.00	-\$0.56
Total Rate Increase	\$2.57	\$0.00	\$14.50	\$0.00	-\$14.58
Member Cost Share Increase	\$0.03	\$0.00	\$0.19	\$0.00	\$0.31

Average Current Rate PMPM	\$535.29	\$0.00	\$499.97	\$0.00	\$1,041.62
Projected Member Months	2,592	0	2,423	0	169

:tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	28773KY0010000	28773KY0010002	28773KY0010001	28773KY0050001
Plan Adjusted Index Rate	\$335.82	\$304.09	\$483.30	\$483.94	\$0.00
Member Months	2,592	2.133	459	0	0
Total Premium (TP)	\$870,448	\$648,615	\$221.833	\$0	\$0
Total Tellian (11)	3070,440	3040,013	JLL1,033	50	ÇÜ
EHB Percent of TP, [see instructions]	99.43%	100.00%	97.75%	100.00%	100.00%
state mandated benefits portion of TP that are					
other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.57%	0.00%	2.25%	0.00%	0.00%
Total Allowed Claims (TAC)	\$682,279	\$603,795	\$78,485	\$0	\$0
EHB Percent of TAC, [see instructions]	99.74%	100.00%	97.75%	100.00%	100.00%
state mandated benefits portion of TAC that are					
other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.26%	0.00%	2.25%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation:	\$153,523	\$122,227	\$31,295	\$0	\$0
Portion of above payable by HHS's funds on					
behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of					
insured person, as %	0.00%	0.00%	0.00%		
Total Incurred claims, payable with issuer funds	\$528,757	\$481,567	\$47,189	\$0	\$0
Net Amt of Rein	\$1,679.94	\$0.00	\$1,679.94	\$0.00	\$0.00
Net Amt of Risk Adj	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Incurred Claims PMPM	\$204.00	\$225.77	\$102.81	\$0.00	\$0.00
Allowed Claims PMPM	\$263.23	\$283.07	\$170.99	\$0.00	\$0.00
EHB portion of Allowed Claims, PMPM	\$262.55	\$283.07	\$167.15	\$0.00	\$0.00

tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	28773KY0010000	28773KY0010002	28773KY0010001	28773KY0050001
Plan Adjusted Index Rate	\$560.76	\$0.00	\$526.58	\$0.00	\$1,050.86
Member Months	2,592	-	2,423		169
Total Premium (TP)	\$1,453,491	\$0	\$1,275,897	\$0	\$177,595
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are	0.00%	0.00%	0.00%	0.00%	0.00%

Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$1,235,763	\$0	\$1,085,128	\$0	\$150,636
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are					
other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$203,512	\$0	\$179,002	\$0	\$24,510
Portion of above payable by HHS's funds on					
behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of					
insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$1,032,251	\$0	\$906,126	\$0	\$126,126
Net Amt of Rein	\$0	\$0	\$0	\$0	\$0
Net Amt of Risk Adi	-\$389	\$0		\$0	-\$25
Net Amit of Risk Auj	-\$389	\$0	-\$363	\$0	-\$25